

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	702203	11-1-81
O.I.P.E. CLASSIFIER		11	11/10
FORMALITY REVIEW	MA	71521	11-26-81

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1		5	17
2		2	12
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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